

FILED APR 24 1948

Registration District No.

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4107 Mercier
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME JAMES M. CARRY

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 22 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Girard Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Special Clerk--Money Order Dep

11. Industry or business U. S. Post Office

12. Name John Carry 4
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine McConnell 4
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna McCarry
(b) Address 4107 Mercier

17. (a) Burial (b) Date thereof 4/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Durk, & John Co
(b) Address 20 West Linwood

19. (a) 4-13-48 (b) Theralline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4107 Mercier 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) P
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day April
year 1948 hour 2:08 minute A M.

21. I hereby certify that I attended the deceased from Feb. 22 1948 to April 12 1948
that I last saw him alive on April 11 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration 2 mo.

Due to Hypertensive Heart Disease Underline the cause to which death should be charged statistically.

Due to Generalized Arteriosclerosis Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations g3d

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature W. Manley, M.D. (M. D. or other) _____
Address 987 N. 7th St. K.C. Mo. Date signed 4-13-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.